

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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THE PHENOMENON AGAIN.

We can not get over noticing the annual circular of the Phenomenon for 1876-77, which has just been placed on our table. It could not have been intended for general circulation. The writer must have hoped to confine it to unsuspecting medical students. It seeks to palm off upon them the sham we have so effectually exposed about the high fees of this concern. "The South and West," it says, "have the great misfortune to be permeated by a horde of tarnished, low-fee medical colleges, which seek to obtain a class by charging each student ninety dollars less than the rates charged in New York, Philadelphia, and the Eastern schools. The Louisville Medical College has never thus practically acknowledged its inferiority. It charges the Eastern rates."

Now, will it be believed that when the writer of the circular was penning this boast he was conscious of having written to students to come on to his college, and enter it upon the payment of one fifth of "the Eastern rates"? Here is the proof from gentlemen who a little while ago were in the Louisville Medical College. It appeared in the *Courier-Journal* for the 11th of November last, over the signatures of R. F. Palmer, N. C. Salisbury, L. R. Sale, and J. P. Holtzman. These gentlemen say:

"After having paid \$46 for our beneficiary (?) certificate, we received incontestable proof (which we now hold) that Dean Gaillard, of the Louisville Medical College, had freely and voluntarily proffered, for the sum of \$25 a season for two seasons, the same advantages for which we had paid \$46,

and to a person not poor and not claiming to be so."

In other words, the Phenomenon "charges Eastern rates," but the dean writes confidentially to students that they can get in for a little more than half of his own "beneficiary" rates. The beneficiary system was established, says the circular, for young men ruined by the war, and none can avail themselves of it but those "certified to be impoverished;" but when a student comes to him with a fee of \$25, no question is asked about his ability to pay full rates.

The sons of physicians and clergymen are taken in as "beneficiaries;" nevertheless they pay nearly twice the fee demanded of students coming from regions not impoverished by the war.

In view of these facts, does not the impudence of the concern appear stupendous? Could it have been believed that any one proposing to take students at half the price charged by the schools around him would still go on boasting of being in a high-fee school? Is there any explanation? We pause for a reply.

Original.

CLINICAL LECTURES.

UNIVERSITY CLINIC AT CITY HOSPITAL.

BY L. P. YANDELL, JR., M. D.,

Professor of Therapeutics and Clinical Medicine.

Gentlemen,—Before you are three sick men, who have entered the hospital seeking to be cured. The anxious-looking old man, whose face speaks of suffering and

hunger, gives the history of chronic gastritis. He is being fed by the rectum, taking into the stomach only anodynes and remedies to allay vomiting.

The next patient has *delirium tremens*, or *mania à potu*, or *delirium vigilans*, as the temporary mental insanity from alcoholic poisoning is variously called. His eyes are bloodshot, his look is wild and haggard, his hands tremble when he holds them out, his mind wanders, and his talk is of men plotting against his life. His story is like the narration of a nightmare. Yesterday he was so violent that his confinement in a cell was necessary. Chloral hydrate, bromide of potassium, and time, have calmed him.

The third sufferer is this pale, emaciated young man. The language of his body speaks of debility, and on his face is the shadow of internal pain. He is the subject of empyema, as it is commonly called, or *pyothorax*, as it is more rarely but more expressively denominated. Dr. Flint terms it suppurative pleuritis, and deems it deserving of being constituted a variety of pleurisy. Empyema literally signifies *pus within*, and might as correctly be applied to a collection of pus any where else in the body as in the chest. Pyothorax means, distinctly and only, pus in the thoracic cavity. Suppurative pleuritis is still more explicit, but as custom has conferred upon the term *empyema* a meaning universally understood and accepted, I shall employ it as the more convenient phrase.

We are indebted to Dr. Ochterlony for this case, a private patient of his, and the interesting notes I am about to read have been obligingly furnished me by him. The young man was an inmate of the hospital for some time, a while ago, and you possibly had seen him before my term of service began. But as he is now in other hands, and you may not have another opportunity of seeing him, my remarks to-day will relate to his condition.

Albert Hickman, aged twenty-two years, single, laborer, admitted to Louisville City Hospital October 9, 1876.

Previous History.—Last June, after becoming overheated, and perspiring very freely, he drank copiously of cold water. Next day he had sharp, lancinating pains in the left side, a dry cough, and fever. His illness lasted two weeks, but he has not recovered his health.

Condition on Admission.—He is pale and somewhat emaciated; pulse 99; respiration 22; temperature $100\frac{1}{2}^{\circ}$; very little cough; no dyspnoea.

PHYSICAL EXPLORATION.—*Inspection.*—Left side flattened; intercostal spaces depressed, and become retracted during inspiration; the præcordial region especially flat between third and fifth ribs; apex beat is not discernible, unless he takes active exercise. Left side remains motionless during respiration.

Mensuration.—Right side: inspiration, $17\frac{1}{2}$ inches; expiration, $16\frac{1}{4}$ inches. Left side: inspiration, $16\frac{1}{4}$ inches; expiration, 16 inches.

Palpation.—Apex beat is feebly felt in the fifth intercostal space, near left edge of sternum. A slight dimpling during systole of the heart a little to the left of ensiform cartilage. Apex beat is not lowered during forced inspiration. *Vocal fremitus* slightly increased on the right side, *absent on the left side.*

Percussion.—Area of heart dullness increased. On the left side there is complete dullness as high up as the third rib. In the neighborhood of the clavicle there is some dullness; intervening space resonant. The line of dullness does not vary with change of the patient's position. On the right side is exaggerated resonance.

Auscultation.—The heart-sounds feeble; neither endocardial nor pericardial murmurs to be heard. *On the right side*, exaggerated vesicular breathing. *On the left side*, breathing very feeble over the area of dullness, with greatly diminished vocal resonance. Near the clavicle there is rude respiration.

DIAGNOSIS.—*Pleuritis followed by imperfect expansion of the left lung, and sinking in of the thorax after the fluid had become absorbed. Adherent pericardium;* all the

physical signs of this condition being present. *Condensation of the left lung at apex*, either from tubercular deposit or from compression by fluid and subsequent adhesions.

About the 1st of November the patient grew worse. The fever rose; there was dyspnoea; the left side of the chest enlarged so as to cause the *depression* to disappear; the intercostal spaces began to bulge; there was *flatness* under percussion; respiratory murmur became still more feeble over seat of flatness, and finally altogether disappeared; vocal resonance and vocal fremitus became lost.

The resident physician recognized that fluid had reaccumulated in the pleural cavity. The visiting physician expressed a contrary opinion.

Friday evening of last week the resident physician verified the diagnosis by introducing a hypodermic needle, and removing with it some of the contained pus.

On Sunday last the aspirator was used, and a pint and a half of fluid (pus) withdrawn.

The patient experienced great relief. The dyspnoea abated, pulse and respiration fell, and the temperature went down to 99° F.

Thursday, November 30th, the patient's condition had again become worse, and an incision was made into the seventh intercostal space, through which a drainage-tube was inserted, about half a gallon of pus was removed, and the tube allowed to remain in order to keep up permanent drainage and prevent a reaccumulation of pus.

So much for the history of the case, and now for the present condition of the patient. Hickman tells us he is comfortable. His fever is almost gone; his appetite is returning; he sleeps well; and the terrible sense of suffocation which for a long time rendered him wretched has passed away. He is on iron, bitter tonics, wine, and good food. The drainage-tube, you observe, is left in the incision, and through it slowly escapes thin, yellowish pus. The two sides of the thorax appear almost identical in size

and roundness. The patient begs that I will not remove his coat and shirt to examine his chest, as both the removal and examination give great pain, owing to the soreness produced by the drainage-tube. We must, therefore, be content with tearing open the shirt, that we may see his chest.

Let us now in the remaining moments of the hour consider the natural history, the cause, and the treatment of empyema.

Pleurisy — or pleuritis, as it is possibly better called — occurs in two forms, the acute and the chronic. Acute pleurisy is probably usually excited by cold, in a system debilitated by malaria, insufficient food, alcohol, overwork, insufficient sleep, bad ventilation, or the like. A sudden and severe pain seizes the patient in the side, and is often called a stitch. The breathing is short, painful, and the affected side is favored by leaning toward it. The patient diminishes the extent of respiratory movement in order to abate his pain. Coughing, sneezing, and pressure all occasion suffering. He is unable to rest on the inflamed side. The pulse is frequent, the temperature is elevated, the urine is high-colored and diminished in quantity. These symptoms may be ushered in by a chill or several chills, or for some days the patient may have felt dull and uncomfortable, or, as before stated, the attack may commence as a sharp stitch in the side. Again, the pain and short breathing and agony in coughing, sneezing, etc., may be absent. Percussion elicits no information at this stage of pleurisy, but auscultation may detect in a considerable number of cases the *frottement*, or friction, or rubbing or creaking sound. This may be closely imitated by bending back and forth a dry piece of leather. I produce it now with my boot-sole, which I bend back and forth. This creaking or rubbing is supposed to arise from the rubbing together, in the act of respiration, of the costal and pulmonary pleuræ, which have been roughened by lymph effused upon their surfaces. This stage of the disease is exceedingly transient, and is rapidly followed by serous effusion

into the pleural sack. Diminution of pain usually occurs at this period, and the inflammatory symptoms are likely to decrease. If the effused fluid be considerable in bulk, there may be bulging of the intercostal spaces. Respiratory murmurs will be lessened, and may be wholly suppressed. In such case we hear bronchial respiration at the upper portion of the lung, and also bronchophony. Binding down of the lung by the fluid in the pleural cavity is the source of the foregoing symptoms. Dullness on percussion is a marked symptom of this stage of pleurisy; and by placing the patient in various positions we find the line of dullness varies. This is due, of course, to the varying level of the fluid which obeys the law of gravity in the movements of the body.

The sound lung now does double duty, and with its more arduous work we find, naturally, more noise. All its normal sounds are exaggerated. Difficulty of breathing is in proportion to the volume of fluid, and lying on the sound side most embarrasses respiration, because of the weight of the bag of water pressing then on the healthy lung. (The varying dullness on percussion and the increased sense of suffocation from resting on the sound side are not invariably present, but certainly they are usual.) The patient before us tells us that he had neither of these symptoms.

Treatment. It is believed by many, and I incline to the opinion, that pleurisy may be arrested in its first stage by appropriate treatment. Anodynes and poultices certainly afford relief in this stage, and diuretics and diaphoretics are not to be despised. Blood-letting and arterial sedatives have their advocates here also.

The second stage, that of effusion, may be relieved by nature. The serum may be absorbed and the lung may resume its former size and position. But, on the other hand, the fluid may remain in the cavity to be removed by hydragogues, diuretics, diaphoretics, or by surgical interference. Disappearance of the fluid, unfortunately, does not

invariably restore to freedom and usefulness the attacked lung. Bands of lymph poured out during the period of inflammation may bind down the organ more or less extensively and permanently. From this accident we have the disfigurements of the chest not infrequently found consequent on pleurisy. This deformity may consist in either general or circumscribed depression of one side of the thorax or in drawing down the shoulder of the affected side.

Empyema may arise at this stage of acute pleurisy, and acute pleurisy seems to have been the origin of Hickman's case.

Empyema may come from an abscess of the liver opening into the pleural sack, or from tubercular disease of the lung, or from wounds. But in far the greater number of cases of *suppurative pleuritis*, or empyema, the trouble is subacute or chronic from the first. To say a thing is chronic from the beginning sounds like a "bull," but really empyema and certain other maladies sometimes come on so slowly and insidiously that they seem to have existed some time before we have discovered them. In Flint's Practice you will find the best article on chronic pleurisy in the language. The signs and symptoms of empyema are similar to those of hydrothorax, or water in the chest, consequent on pleurisy. True, we often have rigors and hectic fever, and night sweats, and such symptoms, but not always.

The cause of chronic pleurisy is usually obscure. I incline to believe it is most often associated with the strumous diathesis. Though it is within the range of the possible for pus to be absorbed, we need not look for such result in empyema. Medicines afford us no assistance in this condition—except tonics, of course. Iron and quinine do good by building up the system, and generous diet and fresh air are of great benefit, if not indeed necessary. The pus, by ulcerating into the lung substance or into the bronchial tubes, may be expectorated. It may ulcerate into the stomach and be vomited forth. It may "point" and burst externally. It may pass into the peri-

toneal cavity and quickly kill by peritonitis; and in either of the other possible events enumerated death usually puts a period to the patient's sufferings.

But surgical interference is our chief reliance in empyema. Thoracentesis, the operation which has been performed on Hickman, is the only means that could have saved his life or given him comfort.

The credit of rendering thoracentesis a comparatively painless and innocuous operation belongs to Dr. Wyman, of Boston; but to the present very distinguished president of the American Medical Association, Dr. Bowditch, is due the merit of having so presented the method that it may now be practiced by any of us. Dr. Bowditch recommends tapping as soon as the empyema interferes with respiration, and when early performed a single tapping often suffices to cure. To determine the character of the pleural fluid a small canula is inserted into the cavity. If the fluid which is emitted is bloody at the first puncture, malignant disease exists, and a fatal result may be predicted. Blood and pus at the first puncture also bespeaks a fatal termination. Offensive-smelling fluid, which is rare, means also death. Such are Dr. Bowditch's observations.

In very chronic cases, or in those in which the general system is greatly at fault, it is sometimes necessary, not only to draw off the fluid, but to keep it drawn off, by affording, as in the present instance, a permanent outlet through which the liquid may drain away. Drainage is secured here by a bit of gum tubing. Bowditch, in such cases, prefers opening the chest posteriorly and very low down, say between the ninth and tenth ribs, by a very free incision which is maintained patent by a pledget of lint, and the fluids allowed to drain into cotton wadding or a large poultice. One of my surgical colleagues trephined the ninth rib, a few years back, as a more convenient mode of securing drainage of the chest in a case of empyema, and the patient made an excellent recovery.

In all such cases injections of warm water

either simple or medicated daily, or as often as required, into the cavity, seem to promote healing.

The statistics of the operation, in so far at least as Dr. Bowditch is concerned, are very encouraging. He says that from first to last he has never seen any injury done by his aspirator during twenty-four years of use, and applied to two hundred and seventy cases. And in seventy-five operations, which he details elsewhere, he had thirty cures.

FIRM ADHESION OF THE OS UTERI DURING PREGNANCY.

BY W. N. BEVILL, M. D.

I was called, September 11, 1875, to see Mrs. J., aged forty years, and in her seventh pregnancy. On my arrival I found her having uterine contractions; and upon making some inquiry I learned that she had had a severe ague that day, which had brought on uterine contractions, which seemed likely to bring about a premature delivery.

I lost no time, but made an examination *per vaginam* to ascertain whether or not the contractions could be stayed and the term of utero-gestation completed. I found the os uteri closed, and also observed a peculiarity of the cervix uteri unusual at that period of gestation; however, I proceeded at once with morphine, which soon put an end to the pains. She had some general fever, which passed off during the night. Next morning I gave sulph. quinine guarded by sulph. morphia. She had no more chills or fever, but was subject to uterine contractions almost daily, but not sufficient for me to be called, until October 6th.

On my arrival I found her having pains, which I took to be the first stage of labor, as she told me her time had nearly expired; and after waiting a reasonable time, I made an examination *per vaginam* to ascertain how labor was progressing; but still the os was closed, and the same peculiarity of the cervix uteri existed. But I permitted the pains go on to see what would be the result; and after some hours they began to moderate,

and finally ceased. I remained during the night, and left next morning to return when called for.

Time passed on, with pains every afternoon for some hours each day, when they would cease, to return next day, and pass off as before, until the 17th, at night, when I was again called.

On my arrival she told me this time it was her frolic—that previously it had been Mr. J.'s—and assured me that I would stay until she got through. And noticing that her pains were regular and bearing down, and thinking her in the second stage of labor, I lost no time in making an examination *per vaginam*; and yet the os uteri was as firmly closed as it was at my previous examinations.

I then began to think I would have some trouble, as the child's head was low in the pelvis and the pains bearing downward, as though the child would pass into the world in a few minutes. I began to see that something must be done, as she had already begun to suffer from the continued daily pains. I tried to force my finger into the os, but found it impossible, as it was firmly adhered together; and seeing the most powerful contractions, which my finger could not break up, I at once concluded some other process must be adopted.

Consequently, the facts were made known to the husband and patient; and I asked that my special friend, Dr. W. H. H. McMillan, in whom the family had all confidence, be sent for. He arrived on the 18th, at 11 o'clock A.M. I gave him my opinion of the case, and asked him to examine it, and, if he found it possible, to break up the adhesions; but failing to do so, he assured the husband and patient that nothing but the knife would do, to which they at once consented.

Not having all the necessary instruments, I went home for them—a distance of five miles—and returned at 3 o'clock P.M. We at once proceeded to operate in the following manner: introducing a glass speculum and finding the closed os, I seized it with

a pair of long rat-tooth forceps, and drawing it well into the speculum, and holding it firmly, I then used the long amputating knife, pressing it slowly but firmly to the depth of half an inch, and then used the uterine sound, but it would not enter the uterus. I again used the knife, cutting another half inch, and then the sound, which entered the uterus. I then removed all instruments and introduced my finger, pressing it into the uterus. Satisfying myself that all was right, I left the case to nature, which proved adequate to the task in about eight hours, by presenting the father with a fine, healthy boy. The mother experienced nothing unusual during the lying-in period.

Having been a practitioner of medicine for several years, and never meeting with any thing more than a mere agglutination, and not recollecting seeing any thing in the medical journals of a similar case, has induced me to bring it before the profession. Some of our "old fogies" deny the possibility of such a case; but I am thoroughly satisfied of its firm adhesion, and so is my friend, Dr. McMillan; and to him I am indebted for his firm and decided judgment of the case, and for his kind and valuable assistance in the operation—and more especially for securing us the entire confidence of our patient during my absence for instruments—that we were competent to the task before us.

DECATURVILLE, TENN.

Miscellany.

THE EFFECT OF COLD ON CHILDREN.—The old and young, whose health and existence depend very much if not entirely upon others, are the chief sufferers at this period of the year. It is important, therefore, that those who have the care of either young or old should consider their responsibilities, and endeavor to carry out judiciously such precautions as may oppose the dangers of our winter season. The English mother has a love of hardy children, and thinks fresh air,

or even the atmosphere of London streets, is of vital importance to their health. The idea of having no fire in the bed-room is another of her favorite maxims; and among the wealthier classes the luxury of seeing the arms, neck, and legs of those just beginning to walk seems to be peculiarly delightful. We do not certainly desire to see the system of swaddling introduced into England which prevails in France, nor that our young ones should, like those of Northern Europe, resemble little round bundles of clothes more than any thing else. But we seriously think that many lives are sacrificed to ignorance and erroneous ideas. Among the poor, the scantiness of children's clothing is quite remarkable. Winter and summer are not distinguished by any change of dress; short sleeves, bare necks and legs, are not the exception, they are the rule; cotton or thin stuffs are not changed for woolen or flannel, and so on in all other respects; beyond a shawl or some such addition, there is very little difference between their clothing in summer and winter. And yet this system is not the result of carelessness. It has become a custom, and one that has many supporters. There is no doubt that, if used to test the character of the child, very much as we see a boy holding up a terrier by its tail or its ear to show its pluck by its silence, it has certain advantages.

It does not occur to most people that the air inside their houses, if they are properly ventilated, is as pure as the air outside. We should say that no child too young to walk or run should be taken out when the external temperature is below 50°; that the rooms in which they live and sleep should never be below 58°; and the day room should be three or four degrees warmer. The practice of wheeling children about in perambulators, sitting or reclining in one position without exercise, is particularly harmful. We would earnestly appeal to mothers to put aside all feelings of vanity, or what is sometimes mis-called natural pride, and cover the arms, neck, and legs of their children as a simple sanitary precaution. High frocks, long

sleeves, and warm stockings should be worn out of doors; hats which cover the head, and boots which keep the feet as dry and warm as possible. On coming in from our streets, nearly always damp, both boots and stockings should be changed; and if the feet be cold, a warm foot-bath should be used for a few minutes. The exquisite pain of chilblains could be saved to many children by this use of hot water for hands and feet. We see that flannel has yielded to merino, chiefly on account of the greater convenience of ready-made under-clothing; but there is nothing equal to flannel in the property of preserving warmth.

There is one important point which is the question of the day with mother and nurse, and that is the morning bath. Let the room be well warmed before the child is taken out of bed, and let those who think a cold bath an absolute necessity remember that on a summer morning their children enjoy it; and if they keep the temperature of the water the same all the year round, that is, about 55° or 60°, they may obtain all the benefit possible. Let them think how unreasonable it is to take water not much above freezing-point, and attack the nervous system, already depressed, by a shock which is followed by a reaction which requires the whole morning to recover from. We have no hesitation in recommending a warm bath early in the day, followed by a simple douche of cold water, as far preferable to the cold bath; or a warm bath at night for the sake of cleanliness, and none at all in the morning. It may be taken as a rule that, in the case of children, sudden changes of temperature are dangerous, and that 58° to 60° may be taken as the safe average temperature in which they should be constantly kept.—*British Medical Journal*.—*Boston Journal of Chemistry*.

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RUINED BY RIVERS.—The French shore of the Mediterranean divides into two distinct parts, which offer a strange contrast to each other. From Genoa to Marseilles all is life and beauty; "all the world" goes thither for pleasure or health. From Marseilles to

the coast of Spain one finds every where solitude and desolation. The latter region was at one time highly prosperous, but it has been entirely changed by the immense quantities of sand and mud brought down by the rivers. Narbonne, in the time of the Romans, communicated directly with the sea. It had its lagoon, like Venice, and a deep canal afforded passage to heavy merchant ships and the triremes of the imperial fleet. The lagoon is now blocked up, and the commerce, wealth, and activity are all gone. Arles was another very important city; it had two ports, like Alexandria, and was so rich and powerful that a poet of the fourth century spoke of it as the "Rome of the Gauls." The Rhone, with its annual seventeen million cubic meters of sediment, has been its ruin. So with other cities; but while they have become separated from the sea, agriculture is gradually taking possession of the land won from the water, and the vine and olive may yet restore a part of the ancient prosperity.—*Boston Journal of Chemistry*.

HINTS ON BATHING.—Dr. Thomas Bond, at an "Education Conference" of the Society of Arts, in London, said: "In taking a cold bath in the morning the surface of the body should be warm and moist; therefore the bath should be taken immediately on rising from the bed, and before the surface of the body has had time to cool or the capillaries to contract. The shock of the cold water should cause them suddenly to contract, then quick reaction will take place in the same way as after a Turkish bath. Unless this reaction occurs after the bath there is great danger of getting a chill; at any rate the full benefit of the bath is not obtained. Persons with weak circulation, who can not take an ordinary morning bath, often derive great benefit from the Turkish bath. It opens the pores and improves the circulation of the skin, so that the shock of cold water can afterwards be borne. The same persons can generally bear a cold bath if they get for a few minutes into a warm bath first, and then immediately plunge into

cold water. By these means an active reaction is brought about. Warm baths should, in my opinion, never be taken on rising except under the above conditions, but warm baths at night are often desirable. They should be taken just before going to bed, when they have the effect of relaxing the muscular system and of promoting sleep by soothing the activity of the brain by the withdrawal of blood from it. I do not think warm baths at night are weakening, as the depression of vital energy which may occur is recovered during sleep. In river and sea bathing, persons should be careful not to remain in the water too long, nor should they exert themselves sufficiently to cause exhaustion, as the power of reaction is much impaired thereby; neither should persons get into cold water when cooling. The old-fashioned idea that persons should wait to cool before plunging into the water is a fallacy. There is no danger in plunging into the coldest water in a state of profuse perspiration, if the heart and arteries are in a healthy state. Of course it would be unwise to do so immediately after a full meal, as the action of the heart might be impeded by the distended stomach."—*Ibid*.

RHEUMATISM RECIPES.—The Journal of Health has recently patiently collected all the recipes for rheumatism floating through the papers, and spreads them before its readers in the following: "Rochelle salts. Guaiacum. Rub with chloroform liniment. Nuxvomica. Sleep with your head toward the north. Wear a chest-protector. Nitrate of potash. Nitrate of sodium. Fowler's solution of arsenic. Sleep with a big dog, and give it to him. Kill a big dog, and after taking out his intestines put your feet where they came from. Magnetism. Galvanism. Bromide of ammonium. Iodide of ammonium. Mustard plasters. Spanish-fly plasters. Bromide of potassium. Iodide of potassium. Lemon juice. Sage tea. Wear sulphur in your shoes. Hard rubbing. Oleate of mercury. Common soda. Capsicum. 'Radway's Ready Relief.' Wear silk. Wear

flannel. Wear buckskin. Gin and hemlock. Reynolds's specific. Make a necklace of the knots produced by the sting of an insect on 'Golden Rod,' and wear it next the skin. Citrate of lithia. Exercise and keep it off. Keep as quiet as possible. Colchicum. Morphine. Water cures. Pray fervently. Soft soap bandaged with flannel. Angel's rheumatic gum. Do not eat meat. Do not eat eggs or potatoes. Eat any thing you please. Opium. Do not smoke at all. Smoke all you like. Take camphor. Drink nothing but beer. Do not drink any thing but whisky. Do not drink any thing at all. Do not leave the house. Take a ride out whenever you can. Carry a piece of alum in your pocket. Take Turkish baths. The Turkish bath is one of the worst things for rheumatism. De-Soto spring water. Burdock seed. Acetate of potash. Bathe in hot water with pearlash in it. Bathe in cold water frequently. Do not bathe at all till you are nearly well. Catnip tea. Wrap fresh lamb's entrails around your neck. Drink brandy. Brandy is very bad for rheumatism. Sleep next to flannel. Go to Arkansas Hot Springs. Go to Doolittle Springs—to Saratoga, to Florida, to Bermuda, to the Sandwich Islands, to California, to the South of France, to Mexico, to the Azores, to South America. Wear a horse-chestnut in your left-hand breeches-pocket; wear a potato in the other. Take 'Constitution water.' Take carbolic acid. Wrap joints with cotton, and cover with oiled silk. Glen-Flora water. Get out on the prairies. High land is best for rheumatism. Balm of life. Magnetic salve. Rub with kerosene. Mustang liniment. Read Job. Put on hot poultices. Apply hoph-mashes. Do not swear. Put mustard plasters over the heart. Drink Friedrichshall bitter-water. Seidlitz powders. Take a quart of alcohol, with a dozen lemons in it. Take spirits of turpentine. Rub with spirits of turpentine. Slippery-elm poultice. Electric oil."—*Druggists' Circular*.

THE University of Michigan had last year 101 female students, distributed as follows:

Medicine, 37; law, 2; homeopathy, 2; literature, 60. "The experience of the past year," writes the president of the university in his annual report, "confirms the opinion we have been led to form by the experience of former years, that women who come here in good health are able to complete our collegiate or professional course of study without detriment to their health."—*Popular Science Monthly*.

Selections.

TETANUS FROM HYPODERMIC INJECTION.—The following report of an inquest at Southsea is in many ways instructive: The deceased, who was the wife of Lieutenant and Adjutant Cyril Frampton, of the Portsmouth Division of Royal Marines, was twenty-five years of age, and when at Walmer, in 1871, Dr. Woodman, then a medical practitioner at that place, used morphia by the hypodermic method to relieve a sickness from which she suffered, always injecting the solution himself. On leaving Walmer the deceased resided with her parents in London, during which time her mother, under medical sanction, used the subcutaneous injection of morphia for her; but during the three months she had been at Southsea her husband understood that she had completely given up the use of the narcotic. This, however, appears not to have been the case; for, a few days after her arrival in Southsea, the deceased sent Martha Jane Williams, a domestic servant, to the shop of Mr. Cruse, in Palmerston Road, with a bottle containing a label of "poison," the servant being without any prescription, but each time the name of the servant was signed in a book. The deceased had told her servant that she had been in the habit of using what she had procured, but had not told her how. The last bottle of the solution of morphia was procured on the previous Monday, but the deceased complained of a pain in the back of her neck on Wednesday evening, in consequence of which the attendance of Mr. Norman was procured by the deceased herself, her husband then being absent in London, and a draught was administered. The doctor was fetched again between two and three o'clock on Thursday morning, as she appeared to get worse and was seized with convulsions, during which the head was drawn forcibly back, and the back was curved. Her husband returned at seven o'clock on Thursday evening, and, after remaining up with her all night, she died from exhaustion at a quarter before five on Friday morning, lockjaw having taken place early on the previous morning. From statements made by Mr.

Burford Norman, it transpired that in an examination with Dr. H. B. Norman and Dr. Jackson a large number of old scars were discovered on both arms, the result of hypodermic injections five years since, and upon the thighs there were a large number of similar marks, together with recent punctures, around some of the latter being a redness of the skin in different stages, showing that they had been made for injecting solution of morphia. Some syringes in a dirty condition were shown to the medical man on Friday morning, and also some rusty steel needles likely to set up inflammation. In the deceased's wardrobe, in her bed-room, a number of phials and a hypodermic syringe were found to be secreted, the whole of the bottles but one being empty. The evidence of Mr. Cruse showed that on ten occasions in August, on nine in September, and on nine in October, morphia was sold to the deceased, for the whole of which she signed the "Poisons Register Book" on its being taken to her house. The jury returned the following verdict: "That the deceased died from tetanus, or lockjaw, caused by inflammation arising from punctures made by the deceased herself for the purpose of subcutaneous injection of solution of morphia."

Such a case reminds us of the dangerous facility with which chemists supply the most potent medicines without medical sanction; an abuse which is prohibited in many countries of Europe. It affords another instance of the insidious character of the temptation inherent to narcotic medication, and of the varied forms of danger attaching to the practice of self-administration of hypodermic injections by patients. This is a practice which medical men should always oppose. We hear now and then of their not only countenancing but recommending it.—*British Medical Journal*.

JABORANDI AS A GALACTAGOGUE.—Dr. Munro, stated, in the *British Medical Journal* of October 28, that an ointment of Calabar bean applied to the breast had in his practice increased the secretion of milk where this had failed. I may, therefore, mention what will be found a safer agent than applying a poisonous ointment where it might readily, by carelessness or forgetfulness, come into contact with the infant's mouth. Jaborandi, in doses of five grains of the powder, infused, and taken three times a day, has had a very decided effect in increasing the secretion of milk in several cases where mothers have had scarcely any flow, and have in consequence been unable to suckle their children. After taking the above-mentioned powders the flow has very soon been much more satisfactory, to the surprise of the patient, and somewhat to that of the doctor, as I have not hitherto had much faith in galactagogues. It is, however, necessary, if the breasts be not well developed, and therefore do not readily take to their secret-

ing function, to continue the drug for some time, as the secretion will probably again fall off if the powders are discontinued too early. The resulting milk, I need scarcely say, agrees quite well with the infant, the jaborandi having no unfavorable effect upon its quality. The drug itself is said to have no such action upon children as upon adults. The above property was indicated and the earliest accounts of the effects of jaborandi published by Dr. Ringer and others, by whom it was noticed that it increased the secretions of the skin and of the salivary and mammary glands. In giving any galactagogue, however, the necessary materials for the supply of good milk, in the shape of a liberal diet, should be administered at the same time; for in some persons having a difficulty in nursing, one could almost say *ex nihilo nihil fit*, the mother being badly nourished herself, and therefore having but little pabulum to spare for her offspring; though, no doubt, by some mothers milk is secreted abundantly, while they are themselves very indifferently nourished.—*R. S. Peart, M. D., in British Medical Journal*.

THE TREATMENT OF EPILEPSY BY SUBCUTANEOUS INJECTION OF BROMIDE OF POTASSIUM.—In the May number of the *Archivio Italiano per le Malattie Nervose* (quoted in *Paris Medical*, August 31), Dr. Luigi Frigerio gives the results which he has obtained by this proceeding. At first he employed by preference a solution containing 2 centigrammes ($\frac{1}{3}$ grain) to the gramme; he has given as much as 60 centigrammes ($8\frac{1}{2}$ grains) at each injection, but this dose causes local trouble; he has even seen an injection of 25 centigrammes ($3\frac{1}{2}$ grains) cause abscesses and eschars. He chooses the skin of the forearm. He has remarked that by gently rubbing the point at which the puncture is made, the absorption of the injected matter is facilitated and the chances of abscess avoided. It is useful also to prescribe repose of the limb, and Dr. Frigerio also often puts the patient to bed. He has observed a rapid diminution in the number of attacks. The local effects are less frequent, and relatively slight.—*London Med. Record*.—*Monthly Abstract of Med. Science*.

EXTIRPATION OF GLANDS IN LYMPHADENOMA.—The proposal to extirpate the first enlarged glands in lymphadenoma, which formed the subject of an interesting discussion at the Clinical Society last session, is not likely to meet with much encouragement from the following case, which the *Centralblatt für Chirurgie*, No. 35, takes from the *Gazette Méd. de Strasbourg*, No. 6, 1876: A child, three years and a half old, came under the care of J. Boeckel with a considerable enlargement of the glands between the angle of the jaw and the clavicle on the right side, which failed to subside under the energetic use of

iodine. He made a long incision at the posterior border of the sterno-mastoid, and extirpated seventy-five glands. The wound healed under Lister's antiseptic dressing in a fortnight, but in another fortnight others were already perceptible. Three weeks after the first operation forty-five glands were removed, which lay close to the subclavian vein and the transverse processes of the vertebrae, and the wound healed in fourteen weeks; but five weeks later it was necessary to remove four glands, and again, after seven weeks, eight others by a fourth operation. Seven months later the child was brought back with enormous tumors occupying exactly the position from which the original glands had been removed, while there were similar tumors in the right axilla, and distinct swelling of the occipital glands, and the patient in the meantime had become much emaciated. Notwithstanding the unsatisfactory nature of the result, the writer is still of opinion that in very early stages of the disease extirpation is good practice, because, in the first place, the diagnosis of "lymphoma malignum" is not always certain, and besides he considers that the life of the patient may be prolonged. We fail to see the bearing of the first argument; for if the case is not one of lymphadenoma, removal of the glands is surely an unnecessarily heroic treatment; but if, on the other hand, the diagnosis is confirmed, the result of the operation is not likely to be beneficial, unless, indeed, the disease is to a certain extent retarded, which must be still considered doubtful. In this particular case recurrence seems to have taken place with extreme virulence and rapidity.—*Medical Times and Gazette*.—*Ibid*.

INTERMITTENT DIARRHEA—In Betz's *Memorabilien*, Jahrgang xxi., Heft 4, Dr. C. G. Rothe, of Altenburg, writes that, during the sixteen years in which he has practiced there, he has repeatedly met with cases of diarrhea, accompanied with severe colicky pains, which have proved rebellious to ordinary therapeutic measures, and were marked by a striking periodicity. Lastly, they were rapidly cured by quinine. Two such cases which occurred lately may serve as examples.

1. Mrs. Brauer, aged twenty-five, a laborer's wife, of stout build, and always healthy, consulted Dr. Rothe, on September 13th last, on account of diarrhea with acute pains in the abdomen, resembling labor-pains. Her general health was but slightly affected, her appetite fairly good, so that she was able to do her household work without interruption. Looking on it as an ordinary case of catarrh of the intestines, Dr. Rothe ordered, empirically, an iodized carbolic acid mixture, and regulated diet; but three days brought no improvement. He then ordered acetate of lead, with rhubarb and opium, of the latter three centigrammes every three hours (one half grain

nearly), and ordered her to keep in bed. After another three days, she was rather worse than better. There was no particular tenderness on pressure, and the tongue was not much furred. On closer questioning, however, he learnt that the patient felt pretty well all day long, until about seven o'clock in the evening, when she was regularly attacked with severe colic, followed by liquid stools, and again had an interval free from pain and diarrhea until the next evening. Remembering former experiences, he now ordered 1.2 gramme of sulphate of quinine (about 18½ grains) divided into four doses, one to be taken every three hours. Next morning the patient had had a quiet night, free from pain and diarrhea, and she remained free from them afterwards.

2. Herr K., a machinist, aged twenty-six, also strong and healthy, was attacked on April 16th, with profuse diarrhea, which had been preceded by colic. The attacks could not be referred either to a chill or to any error in diet. When he had taken the carbolic drops for some days without relief, he expressed his surprise that the attacks should always begin at a fixed time towards midday, and then occur twice in a night, whilst from midnight and during all the forenoon he was quite free from his troubles. A few doses of quinine did their duty within twenty-four hours.

Most of Dr. Rothe's cases of this kind were in adults, but there were some also amongst children, in which quinine had the like success. He has no exact notes of these, but thinks the number must have been some fifteen to twenty. Whether this intermittent diarrhea may be due to some powerful affection of the sympathetic nerves, perhaps even of the solar plexus, and the vaso-motor nerves, he does not pretend to say, any more than he can determine what sort of irritation of a specific kind could occasion such a neurosis. The fact that one of the cases above described occurred in the highest part of a hilly city, and that the other happened in one of its lowest-lying parts, near the railway, whilst there were no attacks of intermittent fever at the time, appeared to exclude malarious influences. The periodicity, and the uselessness of ordinary remedies, were the only distinguishing characters of the affection.—*London Med. Record*.—*Ibid*.

ON THE INJECTION OF CHLOROFORM FOR THE RELIEF OF OBSTINATE SCIATICA.—In the *Lyon Medical* for August 6th appears a summary of a paper by Dr. De Cérenville, of Lausanne, from the *Bulletin de la Société Médicale de la Suisse Romande*, on this subject. Dr. De Cérenville has employed this method of treatment in many cases, with the best results. He chose old-standing cases of true sciatica, which had been previously treated by blisters, iodine, revulsion of all kinds, even red-hot iron. He practiced the injection in the sciatic region, in the middle of the

thigh, in the calf, where the pain was specially referred to the perineal branch, and he obtained very rapid cures. In some other cases he has noted only relative success—that is to say, there had been a reappearance of the pain at the end of some days. Dr. De Cérenville has remarked two accidents of which it is well to warn practitioners desirous of benefiting their patients by injections of chloroform. On two occasions he observed complete anæsthesia of the leg in which the injection had been made. This anomaly lasted two days, and disappeared as it had come—suddenly. The puncture had been made in the middle of the thigh, on the posterior part, and the injection had probably penetrated into the sheath of the nerve, or very near it. In another case of the injection in the upper part of the calf there was noticed a very painful swelling, which yielded to frictions of mercurial ointment and emollient poultices. Besides these the author has seen no inconvenience arising from the chloroform. The quantity of the substance employed each time was about fifty drops.—*London Medical Record.*—*Ibid.*

TREATMENT OF TAPEWORM.—Although most cases of tapeworm can be readily cured by the usual remedies, such as male-fern, koussou, or turpentine, it sometimes happens that all are resisted, however carefully given. Such a case occurred to me about a year and a half since. The gentleman, a Canadian, suffering also from lung-disease, had for more than two years been the subject of inveterate tapeworm, with all its attendant evils and discomforts. Before leaving Canada he had undergone the usual round of remedies, and under all great lengths of the worm were expelled, but, as the results proved, never the whole parasite. After coming to Torquay he again took, under my superintendence, large doses in succession, at intervals, of the above three remedies, as well as a full dose of kamala; but with still the same results—large portions of worm expelled, and on one occasion so narrowed that it was hoped the head had only escaped observation. Comparative freedom from discomfort for some time seemed to confirm this hope, but once more the signs were manifest. Just then the formula to which it is my purpose to call attention was sent over from Canada. My patient being in a weak state of health, the first dose given was not of full strength, more especially as one minim of croton-oil only was added. Success was not complete. After an interval of a few weeks the full dose was taken, and within two hours the entire parasite, including the head, was expelled alive. The bulk of medicine to be taken is large, but my patient said he found it much less disagreeable than the koussou; and I believe the mucilage from the pumpkin-seeds renders the medicine at once more palatable and easier in action. The

following formula is exactly as it was sent to me. I believe it is largely employed both in Canada and the States:

R Pomegranate bark.....	℥ ss;
Pumpkin-seeds (from yellow field-pumpkin)	℥ i;
Ethereal oil of male-fern.....	℥ i,
Ergot (freshly bruised).....	℥ ss;
Powder gum Arabic.....	℥ ij;
Croton-oil.....	m ij.

On the pomegranate, pumpkin-seeds, and ergot, well bruised, pour eight ounces of water. Boil, stirring constantly while boiling for fifteen minutes; adding water to keep up the eight ounces. Make a smooth emulsion, with a small quantity of water, of the croton-oil, oil of male-fern, and gum Arabic. Strain the decoction through a coarse cloth, express strongly, and mix with the emulsion. The patient should have a full dose of aperient (Rochelle salts, ℥ i) on going to bed, and the following morning the above dose, about eight o'clock, before any food. I may add that when I heard of my patient, a considerable time after the last dose of the medicine, there had been no return.—*Spencer Thomson, M.D., of Ashton, Torquay, in British Medical Journal.*

THE PARIS ACADEMY ON CORN-DODGERS.—The following indorsement will be received with pleasure: "At the last meeting of the Paris Academy of Medicine, November 14th, M. Fée, of Padua, enlarged on the merits of maize, or Indian corn, as an article of food. He gave comparative tables to show that maize is superior to all other cereals in fatty matter, and that it may be considered as a perfect food. He also replied to objections that have been made to maize, accusing it of giving rise to certain diseases, notably pellagra; and demonstrated that the penicillum glaucum, which is supposed to originate this disease, never attacks maize unless it is damaged.—*Brit. Med. Jour.*

WASHING-OUT OF THE PLEURAL CAVITY AFTER PARACENTESIS OR INCISION.—I think that all the risk accompanying this operation, due to the alteration of the intrathoracic pressure, is done away with by using a double tube, and injecting the fluid through one channel while it runs freely out of the other. This can not cause any considerable change in the amount of pressure on the contents of the chest during the process. After incision for empyema I have used two pieces of India-rubber tubing in the way described above, having first cut them of suitable lengths to reach the lower part of the cavity. Any desired quantity of fluid can thus be washed through the cavity, and by observing that which flows out one can see when the process has been sufficiently continued.—*Thos. Easter, M.D., in British Medical Journal.*